PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   | Application or Docket Number<br>10/800,181 |                        |    | ing Date<br>12/2004   | To be Mailed           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|----------------------------------------------|---|--------------------------------------------|------------------------|----|-----------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PPLICATION A                              | AS FILE                                                                                                                                                                     | OTHER THAN SMALL ENTITY OR SMALL ENTITY     |              |                                              |   |                                            |                        |    |                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N                                         | NUMBER FILED                                                                                                                                                                |                                             | NUMBER EXTRA |                                              |   | RATE (\$)                                  | FEE (\$)               |    | RATE (\$)             | FEE (\$)               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BASIC FEE<br>(37 CFR 1.16(a), (b),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or (c))                                   | N/A                                                                                                                                                                         |                                             | N/A          |                                              |   | N/A                                        |                        | 1  | N/A                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SEARCH FEE<br>(37 CFR 1.16(k), (i),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or (m))                                   | N/A                                                                                                                                                                         |                                             | N/A          |                                              |   | N/A                                        |                        | ]  | N/A                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EXAMINATION FE<br>(37 CFR 1.16(a), (p),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E<br>or (q))                              | N/A                                                                                                                                                                         |                                             | N/A          |                                              |   | N/A                                        |                        |    | N/A                   |                        |
| TO<br>(37                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FAL CLAIMS<br>CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | minus 20 =                                                                                                                                                                  |                                             | •            |                                              |   | x \$ =                                     |                        | OR | x s =                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EPENDENT CLAIM<br>CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IS                                        | minus 3 =                                                                                                                                                                   |                                             | •            |                                              |   | x \$ =                                     |                        | 1  | x \$ =                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | APPLICATION SIZE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEE shee is \$2 addit                     | If the specification and drawin<br>sheets of paper, the applicatio<br>is \$250 (\$125 for small entity)<br>additional 50 sheets or fraction<br>35 U.S.C. 41(a)(1)(G) and 37 |                                             |              | n size fee due<br>for each<br>i thereof. See |   |                                            |                        |    |                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        | J  |                       |                        |
| * If                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the difference in col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | umn 1 is less than                        | r "0" in col                                                                                                                                                                |                                             | TOTAL        |                                              | ] | TOTAL                                      |                        |    |                       |                        |
| APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        |    |                       |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/30/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA                             |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · 18                                      | Minus                                                                                                                                                                       | ·· 63                                       |              | = 0                                          |   | x \$ =                                     |                        | OR | X \$52=               | 0                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • 2                                       | Minus                                                                                                                                                                       | 4                                           |              | = 0                                          |   | x \$ =                                     |                        | OR | X \$220=              | 0                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        |    |                       |                        |
| Ĺ                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        | OR |                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | 0                      |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        |    |                       |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                             | HIGH<br>NUM<br>PREVIO<br>PAID               | BER          | PRESENT<br>EXTRA                             |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total (37 CFR<br>1,16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | Minus                                                                                                                                                                       |                                             |              |                                              |   | x \$ =                                     |                        | OR | x \$ =                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Independent<br>(37 CFR 1,16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | Minus                                                                                                                                                                       | *                                           |              |                                              |   | x \$ =                                     |                        | OR | x s =                 |                        |
| ᇳ                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        | ]  |                       |                        |
| ΑM                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        | OR |                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A fifthe material analysis of in large than the material analysis of contract to the contract of the contract |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        | OR | TOTAL<br>ADD'L<br>FEE |                        |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner:  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                             |                                             |              |                                              |   |                                            |                        |    |                       |                        |

has collection of information is origined by 37 CFR 1,10. The information is required to obtain or retain a bound by the public which is in to file und by the USFTO to process) an application. Confidentiality is operand by 38 US 6.7. 22 and 37 CFR 1.4. If this collection is estimated to the bit 2 minutes to complete excluding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borton, should be sent to the Child referension Officer. U.S. Plantial and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.